

**IN THE UNITED STATES DISTRICT COURT
FOR THE DISTRICT OF NEW MEXICO**

STATE OF NEW MEXICO *ex rel.*
State Engineer,

Plaintiff,
v.

ROMAN ARAGON, *et al.*,

Defendants.

69cv07941 JC

RIO CHAMA STREAM SYSTEM
Rio Gallina, Section 5

UNITED STATES DISTRICT COURT
DISTRICT OF NEW MEXICO
00 NOV -8 PM 3:39
RECEIVED
CLERK-SANTA FE

ANSWER TO COMPLAINT FOR ADJUDICATION OF WATER RIGHTS

COMES NOW Cosme S. Chacon (please print your full name)
COSME S CHACON

and answers the complaint as follows:

<u>Subfile No</u>	<u>Object</u>	<u>Claim No Right</u>
CHGA-02-0004	<input checked="" type="checkbox"/>	<input type="checkbox"/>
CHGA-03-0024	<input checked="" type="checkbox"/>	<input type="checkbox"/>

1. In answer to Complaint: For each subfile listed above, please **initial** in one of the two boxes to indicate whether you object to the description of water right(s) contained in the State's proposed Consent Order, or whether you make no claim as to the water right(s) described in the State's proposed Consent Order.

If you object to the description of water right(s) and reject the State's proposed Consent Order, or if you make no claim as to the water right(s) set forth in the State's proposed Consent Order for any of the Subfile Numbers listed above, for each such Subfile Number please explain in the appropriate spaces below.

I object to the description of the water right(s) described by Subfile Number(s) CHGA
02-0004 - wrong ownership ~~because~~
belongs jointly by four brothers
See attached deeds

CHGA 03-0024 is owned by myself and
Lubaldo and Atilana Jaquez
See attached deeds.

6008

(Attach additional pages if necessary)

I made a good faith effort to resolve my disagreement with the State's proposed Consent Order by

providing deeds, also attached Death
Certificate for my deceased father Sergio
Chacon

(Attach additional pages if necessary)

I claim no right for the water right(s) described by Subfile Number(s) _____ because

(Attach additional pages if necessary)

2. I understand that by making this claim and filing this document I am not waiving my rights to later raise, in an Amended Answer, any jurisdictional or affirmative defenses I may have.

Dated: 10-27-00

Cosme S. Chacon
(Signature - COSME S CHACON)

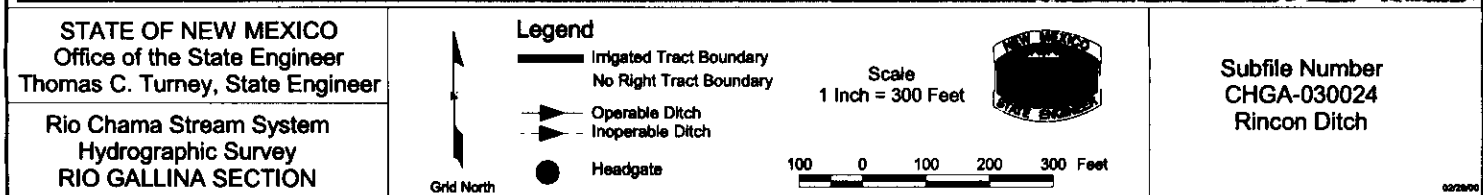
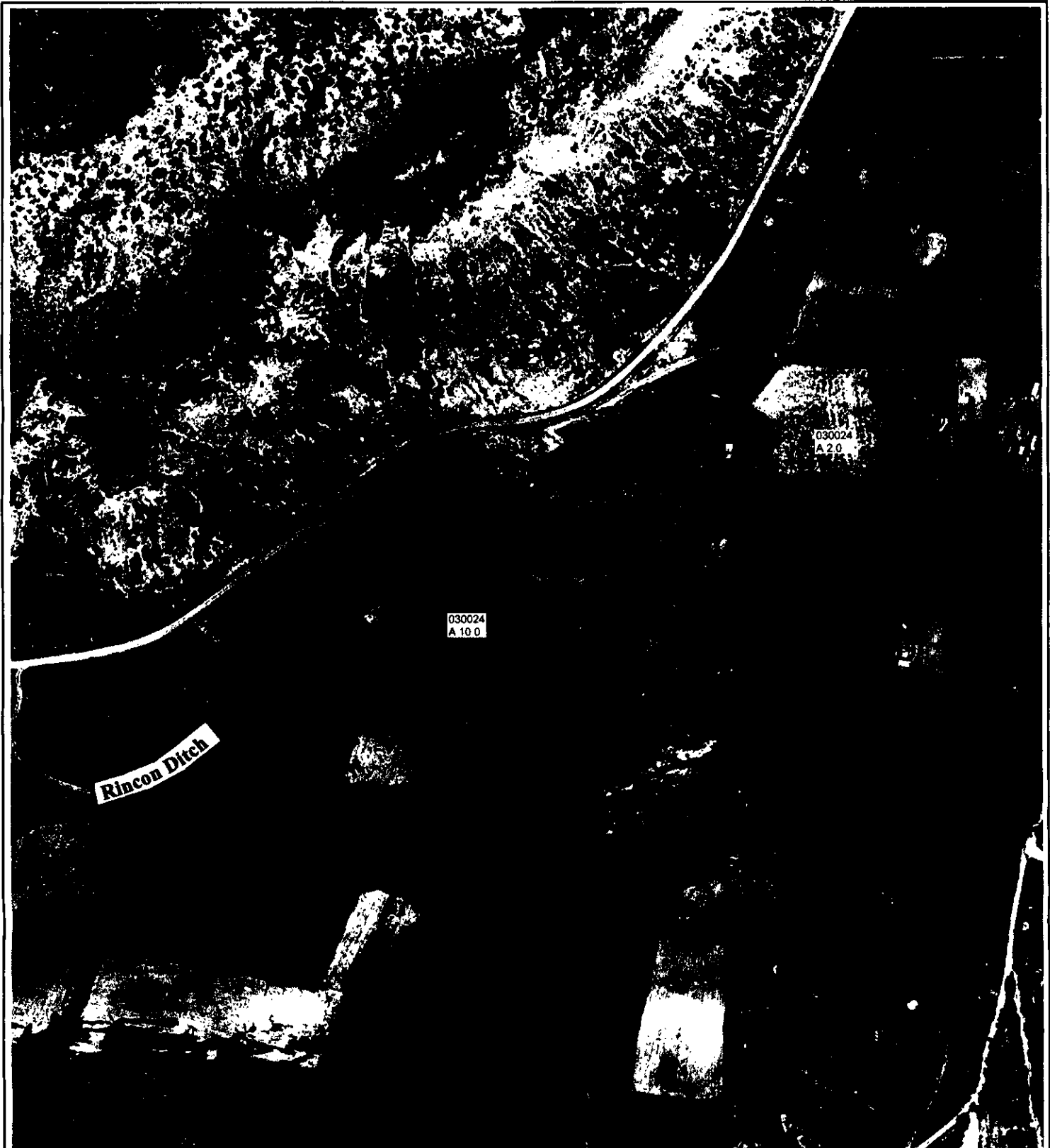
P.O. Box 4

Gallina, N.M. 87017

(Address: Print Clearly)

505-638-5325
(Phone Number: Print Clearly)

IMPORTANT: If you have been served with a summons and copy of the complaint in this action, or if you have waived service of process, you must file an answer in the United States District Court for the District of New Mexico by August 31, 2000. Any right you may have to use waters of the stream system may be adjudicated by default judgment in conformity with the State's proposed Consent Order if you fail to file an answer by August 31, 2000. The court's address is: 333 Lomas NW, Suite 270, Albuquerque, NM 87102. A copy of the answer filed with the district court must also be sent to the Office of the State Engineer, Legal Services Division, P.O. Box 25102, Santa Fe, NM 87504-5102.



WARRANTY DEED

Sergio Chacon
 to Cosme S. Chacon
 whose address is Gallina, New Mexico
 the following described real estate in Rio Arriba County, New Mexico:

Prop CD# 1-038-136-369-458
 Section-17, Township-23N, Range-01E
 16.47 AC.
 Tract of Land in Sec. 17

with warranty covenants.

WITNESS hand and seal this day of 19

(Seal) (Seal)

Sergio Chacon

(Seal) (Seal)

Sergio Chacon

ACKNOWLEDGMENT FOR NATURAL PERSONS

STATE OF NEW MEXICO

COUNTY OF

ss.

The foregoing instrument was acknowledged before me this 15th day of June, 1998

by Cosme S. Chacon

(Name or Names of Person or Persons Acknowledging)

My commission expires:

(Seal) July 2, 2000

Notary Public

ACKNOWLEDGMENT FOR CORPORATION

STATE OF NEW MEXICO

COUNTY OF

ss.

The foregoing instrument was acknowledged before me this

19

(Name of Officer)

of (Name of Corporation Acknowledging)

corporation, on behalf of said corporation.

(Incorporation)

Commission expires:

Notary Public

FOR RECORDER'S USE ONLY

FILED IN THE COUNTY
 CLERK'S OFFICE
 AT 11:20 O'CLOCK A M
 Book 198 Page 68

JUN 17 1998

County Clerk RA County
 New Mexico

Deputy

CERTIFICATE OF DEATH - Certified by Medical Investigator
 (NOTE: If death is due to accident, homicide, trauma, or unknown causes, refer case to Medical Investigator)
 Certified by Physician ☒ Rio Arriba Gallina
 County of Death City, Town, Location

DECEASED				SEX		DATE OF DEATH (mo, day, yr)	
1. DECEASED - NAME First Middle Last <u>Sergio E. Chacon</u>				2. <u>M</u>		3. <u>01-11-2000</u>	
4. DATE OF BIRTH (mo, day, yr) <u>08-30-09</u>		5a. AGE - last birthday <u>90</u>		5b. UNDER 1 YEAR MOS. DAYS		5c. UNDER 1 DAY HOURS MINS.	
6a. RACE - Specify White, Black, Native American, etc. <u>White</u>				6b. IF NATIVE AMERICAN, Specify Tribal Affiliation (e.g. Zia, Jicarilla, Navajo, etc.)			
7. EDUCATION OF DECEASED - Indicate highest grade completed 7. 0 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 + U							
8. PLACE OF DEATH - Name of hospital or other facility (if neither, give street and number or location) <u>County Rd. 415 House # 105</u>							
9. HOSPITAL <input type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA <input type="checkbox"/> OTHER <input checked="" type="checkbox"/> Nursing Home <input checked="" type="checkbox"/> Residence <input type="checkbox"/> Other (Specify)							
10. STATE OR COUNTRY OF BIRTH <u>N.M.</u>		11. CITIZEN OF WHAT COUNTRY <u>USA</u>		12. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED - Specify <u>Married</u>		13. SURVIVING SPOUSE (If wife, give birth name) <u>Adelina Sanchez</u>	
14. SOCIAL SECURITY NUMBER <u>522-46-5812</u>		15. USUAL OCCUPATION (Kind of work done during most of working life, even if retired) <u>Herdsmen</u>				16. WAS DECEASED EVER U.S. ARMED FORCES? 13. <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
17. RESIDENCE - State <u>N.M.</u>		18. County <u>Rio Arriba</u>		19. City, Town or Location <u>Gallina</u>		20. INSIDE CITY LIMITS? 16d. <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
21. STREET AND NUMBER OR LOCATION <u>County Rd. 415 House # 105</u>				22. ZIP CODE <u>87017</u>			
23. FATHER - NAME First Middle Last <u>Cosme Chacon</u>		24. MOTHER - BIRTH NAME First Middle Last <u>Mariadita Sanchez</u>		25. INFORMANT - NAME (Type or print) <u>Jose L. Chacon</u>		26. MAILING ADDRESS Street/RFD No. City/Town State Zip <u>P.O. Box 95 Gallina N.M. 87017</u>	

DISPOSITION		CEREMONY/CREMATORY - Name <u>Gallina Catholic</u>	
27. METHOD OF DISPOSITION <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Removal from State <input type="checkbox"/> Donation <input type="checkbox"/> Entombment <input type="checkbox"/> Other (Specify)		28. LOCATION City/Town State <u>Gallina N.M.</u>	
29. FACILITY - NAME <u>Luian's Espanola</u>		30. FUNERAL SERVICE LICENSEE or PERSON ACTING AS SUCH - Signature <u>[Signature]</u>	
31. FACILITY - ADDRESS Street/RFD No. City/Town State <u>908A Riverside Espanola N.M.</u>		32. LICENSE NUMBER <u>401</u>	

CERTIFICATION		DATE SIGNED (mo, day, yr) <u>02-08-2000</u>		HOUR OF DEATH <u>5:00 AM</u>	
33. CERTIFIER'S SIGNATURE - On the basis of examination and/or investigation, in my opinion death occurred at the time, date and place and due to the cause(s) stated. <u>[Signature]</u>		34. PRONOUNCED DEAD (mo, day, yr) <u>01-11-2000</u>		35. PRONOUNCED DEAD (hour) <u>8:30 AM</u>	
36. TYPE/PRINT NAME <u>G. Gerner MD</u>		37. MANNER OF DEATH <input checked="" type="checkbox"/> NATURAL <input type="checkbox"/> ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> UNDETERMINED		38. DATE FILED AT NMVRS (mo, day, yr) <u>February 23, 2000</u>	
39. STATE REGISTRAR'S SIGNATURE <u>[Signature]</u>		40. WAS AN AUTOPSY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			

CAUSE OF DEATH		LOCATION WHERE AUTOPSY WAS PERFORMED (CITY, STATE) <u>NM</u>	
41. WAS RECENT SURGICAL PROCEDURE PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		42. IF YES, SPECIFY TYPE OF PROCEDURE <u>N/A</u>	
43. DATE OF PROCEDURE <u>N/A</u>		44. WAS DECEASED PREGNANT WITHIN LAST 6 WEEKS? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
45. DESCRIBE HOW INJURY OCCURRED (COMPLETE FOR ACCIDENT, SUICIDE, HOMICIDE, UNDETERMINED) <u>N/A</u>		46. HOUR OF INJURY <u>N/A</u>	
47. INJURY AT WORK <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		48. PLACE OF INJURY - Specify home, farm, street, etc. <u>N/A</u>	
49. LOCATION Street/RFD No. City/Town State <u>N/A</u>		50. DATE OF INJURY (mo, day, yr) <u>N/A</u>	

PART I. Enter the diseases, injuries or complications which caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause per each line.		Approximate interval between onset and death	
IMMEDIATE CAUSE (Final disease or condition resulting in death.)		1996, 97	
a. <u>CVA</u>		1998	
b. <u>Alzheimers</u>		1999	
c. <u>Chronic renal failure</u>		1997	
d. <u>Liver mass, Hypertension, Hypothyroidism</u>			
PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.			

THE EXHIBITS ATTACHED TO THIS
PLEADING ARE TOO VOLUMINOUS TO
SCAN. SAID EXHIBITS ARE ATTACHED
TO THE ORIGINAL PLEADING IN THE
CASE FILE WHICH IS LOCATED IN THE
RECORDS DEPARTMENT, U.S.
DISTRICT COURT CLERK'S OFFICE.